

Emergency Management Standards for Health Care Organizations and Their Communities: An Integrated Approach

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Emergency Management Standards

NOTE: This document organizes both health care facility emergency management standards (listed below) within the overall framework of NFPA 1600, Standard for Disaster/Emergency Management (2000 edition). NFPA 1600 is an international consensus standard between public sector emergency managers and private sector crisis managers. Its use here represents the “community emergency management standard.”

JCAHO EC 1.4

- Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), Environment of Care (EC) 1.4 (2001), and

NFPA 99/11

- National Fire Protection Association (NFPA), Health Care Facility Emergency Management (99, Chapter 11) (2001),

Chapter 1. Introduction.

1.1 Scope.

This standard establishes a common set of criteria for disaster and emergency management programs in both the public and private sectors.

NFPA 99/11

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| 11-1 | This chapter establishes minimum criteria for health care facility emergency management in the development of a program for effective disaster preparedness, mitigation, response, and recovery. |
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1.2 Purpose.

The purpose of this standard is to provide those with the responsibility for emergency management the criteria to assess current programs or to develop, implement and maintain a program to mitigate, prepare for, response to, and recover from disasters and emergencies.

NFPA 99/11

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| 11-2 | <i>The purpose of this chapter is to provide those with the responsibility for emergency management planning in health care facilities with a framework to assess, mitigate, prepare for, respond to, and recover from, disasters. This chapter is intended to aid in meeting requirements for having an emergency management plan.</i> |
| 11-3 | <i>This chapter is applicable to any health care facility that is intended to provide medical care during an emergency or maintain services for patients during a disaster.</i> |

Chapter 2. Program Management.

2.1 Policy.

- 2.1.1 The entity has a written emergency management policy that defines:
- The enabling authority,
 - Vision, mission statement, goals and objectives.
 - Management policies and procedures.
 - Applicable legislation, regulations, and industry codes of practice.

NFPA 99/11	
11-4.1	<i>The Authority Having Jurisdiction (AHJ) shall be cognizant of the requirements of a health care facility with respect to its uniqueness for continued operation of the facility in an emergency.</i>
11-4.2	<i>It shall be the responsibility of the senior management to provide its staff with plans necessary to respond to a disaster or an emergency. Senior management shall appoint an emergency management committee, as appropriate, with the authority for writing, implementing, exercising, and evaluating the emergency management plan.</i>

2.2 Emergency Management Program Coordinator

- 2.2.1 The emergency management program coordinator is authorized to administer and keep current the emergency management program in consultation with the Emergency Management Program Committee.

2.3 Emergency Management Program Committee

- 2.3.1 The Emergency Management Program Committee is established by the entity in accordance with its policy.
- 2.3.2 The committee includes the emergency management program coordinator and others having the appropriate expertise and knowledge of the entity and the authority to commit resources from all key functional areas within the entity and solicits applicable external representatives from public and private entities.
- 2.3.3 The committee advises the emergency management program coordinator on the emergency management program activities.

NFPA 99/11	
11-4.3	<i>The emergency management committee shall have the responsibility for the overall disaster planning and emergency management within the facility, under the supervision of designated leadership.</i>

2.4 Program Assessment.

- 2.4.1 A comprehensive assessment of the emergency management program elements listed in the following section is conducted periodically to determine the overall effectiveness of the emergency management program.

JCAHO EC 1.4	
(q.)	<i>The plan establishes on-going monitoring of performance regarding actual or potential risk related to one or more of the following:</i>
	<ul style="list-style-type: none"> a. <i>Staff knowledge and skills;</i> b. <i>Level of staff participation;</i> c. <i>Monitoring and inspection activities;</i> d. <i>Emergency and incident reporting; or</i> e. <i>Inspection, preventive maintenance, & testing equipment.</i>

Chapter 3. Program Elements.

3.1 General.

- 3.1.1 The emergency management program includes the following elements, the scope of which shall be determined by the hazards affecting the entity. These elements are applicable to the phases of mitigation, preparedness, response and recovery.

JCAHO EC 1.4
<i>Intent Statement:</i> <i>The emergency management plan describes how the organization will establish and maintain a program to ensure effective response to disasters or emergencies affecting the environment of care. The plan should address four phases of emergency management activities: mitigation, preparedness, response, and recovery.</i>

3.2 Laws and Authorities.

- 3.2.1 The emergency management program complies with applicable legislation, regulations and industry codes of practice.
- 3.2.2 The entity implements a strategy for addressing needs for legislative and regulatory revisions that occur over time.

3.3 Hazard Identification and Risk Assessment

- 3.3.1 The entity identifies hazards, the likelihood of their occurrence, and the vulnerability of people, property and the environment to those hazards. Hazards to be considered as a minimum shall include but shall not be

limited to the following:

- a. Natural events
- b. Technological events
- c. Human events

3.3.2 The entity conducts a consequence analysis to determine the potential for detrimental impacts of the hazards on the following items, including but not limited to:

- a. Health and safety of persons in the affected area at the time of the incident (injury and death).
- b. Health and safety of personnel responding to the incident.
- c. Continuity of operations.
- d. Property, facilities and infrastructure.
- e. Delivery of services.
- f. The environment.
- g. Economic and financial condition.
- h. Regulatory and contractual obligations.
- i. Reputation of the entity.

JCAHO EC 1.4

<p><i>The plan includes processes for:</i> (a.) <i>Identifying specific procedures in response to a variety of disasters based on a hazard vulnerability analysis performed by the organization.</i></p>
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NFPA 99/11

<p><i>11-5.1 Planning shall be based on realistic conceptual events and operating capacity thresholds that necessitate activation of the plan.</i></p>
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3.4 Hazard Management.

3.4.1 The entity implements a strategy for eliminating hazards or mitigates the effects of hazards that cannot be eliminated.

3.4.2 The mitigation strategy is based upon the results of the hazard identification and risk assessment, consequence analysis, program assessment and operational experience.

3.4.3 The mitigation strategy considers but not be limited to the following:

- a. The use of appropriate building construction standards.
- b. Hazard avoidance through appropriate land use practices.
- c. Relocation, retrofitting or removal of structures at risk.
- d. Removal or elimination of the hazard.
- e. Reduction of limitation of the amount or size of the hazard.
- f. Segregation of the hazard from that which is to be protected.
- g. Modification of the basic characteristics of the hazard.
- h. Control of the rate of release of the hazard.
- i. Provision of protective systems or equipment.
- j. Establishment of hazard warning and communications

- procedures.
- k. Redundancy or duplication of critical systems, equipment, information, operations, or materials.

3.5 Resource Management.

- 3.5.1 The entity establishes program performance objectives for each hazard identified in Section 1. The program performance objectives consider but are not limited to the following:
 - a. Personnel, equipment, training, facilities, funding, expert knowledge, materials, and the timeframes within which they will be needed.
 - b. Quantity, response time, capability, limitations, costs, and liability connected with using the involved resources.
- 3.5.2 An assessment is conducted to identify the resource capability shortfalls and the steps necessary to overcome any shortfalls.
- 3.5.3 A current inventory of internal and external resources is maintained.
- 3.5.4 The capability assessment addresses voluntary donations.
- 3.5.5 The need for mutual aid is determined and agreements established. Mutual aid agreements are referenced in the emergency management plan.

3.6 Planning.

- 3.6.1 An emergency management program includes the development of plans in accordance with Section 3.3. An emergency management program includes, but is not limited to a strategic plan, an emergency operations plan, a mitigation plan, and a recovery plan that are contained in either single or multiple documents.
- 3.6.2 Plans
 - 3.6.2.1 The strategic plan defines the vision, mission, goals and objectives of the emergency management program as it relates to the policy of the entity as defined in Section 2.1.
 - 3.6.2.2 The emergency operations/response plan assigns responsibilities to organizations and individuals for carrying out specific actions at projected times and places in an emergency or disaster.

JCAHO EC 1.4	
(c.)	<i>Defining, and when appropriate, integrating the organization's role with communitywide emergency response agencies (including the identification of who is in charge of what activities and when they are in charge) to promote interoperability between the health care organization and the community;</i>

3.6.2.3 The mitigation plan establishes interim and long-term actions to eliminate hazards or to reduce the impact of those hazards if they cannot be eliminated.

3.6.2.4 A recovery plan identifies the short-term and long-term strategic priorities, processes, vital resources and acceptable timeframes and procedures for restoration.

NFPA 99/11	
11-5.3.10	<i>Operational Recovery. Plans shall reflect measures needed to restore operational capability to pre-disaster levels. Fiscal aspects shall be considered because of restoral costs and possible cash flow losses associated with the disruption.</i>

3.6.3 Common Plan Elements

3.6.3.1 The functional roles and responsibilities of internal and external agencies, organizations, departments, and individuals during mitigation, preparedness, response and recovery are identified.

3.6.3.2 Lines of authority for those agencies, organizations, departments and individuals are established/identified.

NFPA 99/11	
11-5.3 <i>The emergency management plan, as a minimum, shall include the following:</i>	
3.1	<i>Identification of Emergency Response Personnel.</i>
3.2	<i>Continuity of Essential Building Systems.</i>
3.3	<i>Staff Management.</i>
3.4	<i>Patient Management.</i>
3.5	<i>Logistics.</i>
3.6	<i>Security.</i>
3.7	<i>Public Affairs.</i>
3.8	<i>Staff Education.</i>
3.9	<i>Drills.</i>
3.10	<i>Operational Recovery.</i>

3.7 Direction, Control, and Coordination

- 3.7.1 The entity develops the capability to direct, control, and coordinate response and recovery operations.
- 3.7.2 An incident management system is utilized.
- 3.7.3 The specific organizational roles, titles and responsibilities are identified for each incident management function as specified in the emergency operations plan.
- 3.7.4 A mechanism is identified to determine the level of implementation of the incident management system according to the magnitude of the incident and the capabilities of the entity.
- 3.7.5 The incident management system is communicated to and coordinated with internal and external agencies identified earlier.

JCAHO EC 1.4	
<i>The plan includes processes for:</i>	
<i>(b.)</i>	<i>Initiating the plan (including a description of how, when, and by whom the plan is activated);</i>
<i>(f.)</i>	<i>Identifying personnel during emergencies;</i>
<i>(g.)</i>	<i>Assigning available personnel in emergencies to cover all necessary staff positions;</i>
<i>(h.)</i>	<i>Managing the following during emergencies and disasters:</i>
	<ul style="list-style-type: none"> • <i>Patients' activities including scheduling, modifying, or discontinuing services, control of patient information, and patient transportation.</i>
<i>(o.)</i>	<i>Alternate roles and responsibilities of personnel during emergencies, including who they report to within a command structure that is consistent with that used by the local community.</i>

NFPA 99/11	
<p><i>11-4.3 The emergency management committee shall model the emergency management plan on the incident command system (ICS) in coordination with local emergency response agencies.</i></p> <p><i>11-5.1 When a facility declares itself in a disaster mode, or when the authority having jurisdiction (AHJ) declares a state of disaster exists, the emergency management plan shall be activated.</i></p> <p><i>11-5.2 The decision to activate the emergency management plan shall be made by the authority designated within the plan, in accordance with the facility's activation criteria. The decision to terminate shall be made by the designated authority in coordination with the authority having jurisdiction and other civil or military authorities involved.</i></p>	

11-5.3.1	<i>Identification of Emergency Response Personnel. All personnel designated or involved in the emergency management plan of health care facility shall be supplied with a means of identification, which shall be worn at all times in a visible location. Specific means of identification for incident command system (ICS) personnel shall be provided, such as vests, baseball caps or hard hats.</i>
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3.8 Communications and Warning.

- 3.8.1 Communications systems and procedures are established to support the emergency management program.
- 3.8.2 The entity develops and maintains a reliable capability to alert officials and emergency response personnel. The system developed is capable of issuing a warning of an actual or impending emergency to those potentially affected.

JCAHO EC 1.4

<p><i>The plan includes processes for:</i></p> <p>(d.)</p> <p>(e.)</p> <p>(m.)</p>	<p><i>Notifying external authorities of emergencies;</i></p> <p><i>Notifying personnel when emergency response measures are initiated;</i></p> <p><i>Backup internal and external communication systems in the event of failure during disasters and emergencies;</i></p>
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NFPA 99/11

11-5.3.2	<p><i>Continuity of Essential Building Systems. When designated by the emergency management plan to provide continuous service in a disaster or emergency health care facilities shall establish contingency plans for the continuity of essential building systems, as applicable:</i></p>
(g)	<i>Communication systems) (See 3.10)</i>

3.9 Operations and Procedures.

- 3.9.1 The entity develops, coordinates and implements operational procedures to support the emergency management program.
- 3.9.3 Standard operating procedures are established and implemented for response to those hazards identified in Section 3.3.
- 3.9.2 Particular attention is paid to considerations of life safety.
- 3.9.4 A recovery situational analysis is conducted that includes a damage assessment and the identification of resources needed to support recovery operations.

3.9.5 Procedures are established for maintaining the continuity of response activities that must continue into recovery and mitigation.

3.9.6 Procedures are established for continuity of management/government.

JCAHO EC 1.4	
<i>The plan includes processes for::</i>	
<i>(h.)</i>	<i>Managing security (for example, access, crowd control, traffic control).</i>
<i>(i.)</i>	<i>Evacuating the entire facility (both horizontally and, when applicable, vertically) when the environment cannot support adequate patient care and treatment;</i>
<i>(j.)</i>	<i>Establishing an alternative care <u>site(s)</u> that has the capabilities to meet the clinical needs of patients when the environment cannot support adequate patient care including processes that address (when appropriate)</i>
	<ul style="list-style-type: none"> • Management of <u>patient necessities</u> (for example, medications and medical records) to and from the alternative care site, • <u>Patient tracking</u> to and from the alternative care site; • <u>Interfacility communication</u> between the organization and the alternative care site; • <u>Transportation</u> of patients, staff, and equipment to the alternative care site.
<i>(k.)</i>	<i>Continuing and/or reestablishing operations following a disaster.</i>

NFPA 99/11	
11-5.3.4	<i>Patient Management. Plans shall include provisions for management of patients, particularly with respect to clinical and administrative issues.</i>
11-5.3.6	<i>Security. Security plans shall be developed to meet the needs of the facility.</i>

3.10 Logistics and Facilities

3.10.1 The entity establishes procedures to locate, acquire, distribute and account for services, resources, materials and facilities procured or donated to support the emergency management program.

3.10.2 A facility capable of supporting response and recovery operations is established, equipped and maintained.

JCAHO EC 1.4	
<i>The plan includes processes for managing the following during emergencies and disasters:</i>	
<i>(h.)</i>	<ul style="list-style-type: none"> - <i>Staff activities (for example, housing, transportation, and incident stress debriefing)</i> - <i>Staff-family support activities.</i> - <i>Logistics of critical supplies (for example, pharmaceuticals, medical supplies, food supplies, linen supplies, water supplies);</i>

<i>The plan identifies:</i>	
<i>(l.)</i>	<i>An alternative means of meeting essential building utility needs (for example, electricity, water, ventilation, fuel sources, and medical gas/vacuum systems) when the organization is designated by its emergency plan to provide continuous service during a disaster or emergency;</i>
<i>(n.)</i>	<i>Facilities for radioactive or chemical isolation and decontamination;</i>

NFPA 99/11	
11-5.3.2	<i>Continuity of Essential Building Systems. When designated by the emergency management plan to provide continuous service in a disaster or emergency health care facilities shall establish contingency plans for the continuity of essential building systems, as applicable:</i>
	<ul style="list-style-type: none"> <i>(a) Electricity</i> <i>(b) Water</i> <i>© Ventilation</i> <i>(d) Fire protection systems</i> <i>(e) Fuel sources</i> <i>(f) Medical gas and vacuum systems (if applicable)</i> <i>((g) Communication systems)</i>
11-5.3.3	<i>Staff Management. Planning shall include the alerting and managing of all staff and employees in a disaster, as well as consideration of (1) housing, (2) transportation of staff and staff family, and (3) critical incident stress management.</i>
11-5.3.5	<i>Logistics. Contingency planning for disasters shall include as minimum stockpiling or ensuring immediate or at least uninterrupted access to critical materials such as the following:</i>
	<ul style="list-style-type: none"> <i>(a) Pharmaceuticals</i> <i>(b) Medical Supplies</i> <i>© Food Supplies</i> <i>(d) Linen supplies</i> <i>(e) Industrial and potable (drinking) waters</i>

3.11 Training

- 3.11.1 The entity performs an assessment of training needs and shall develop and implement a training/educational program to support the emergency management program. The training and educational program complies with all applicable regulatory requirements.
- 3.11.2 The objective of the training are to create awareness and enhance the skills required to develop, implement, maintain and execute the emergency management program.
- 3.11.3 Frequency and scope of training is identified in the emergency management program.

3.11.4 Personnel are trained in the entity's incident management system.

3.11.5 Records are maintained documenting training conducted.

JCAHO EC 1.4	
(p.)	<i>The plan establishes an orientation and education program for personnel who participate in implementing the emergency management plan. Education addresses:</i>
	<ol style="list-style-type: none"> 1. <i>Specific roles and responsibilities during emergencies,</i> 2. <i>The information and skills required to perform duties during emergencies,</i> 3. <i>The backup communication system used during disasters and emergencies, and</i> 4. <i>how supplies and equipment are obtained during disasters or emergencies;</i>

NFPA 99/11	
11-5.3.8	<i>Staff Education. Each health care facility shall implement an educational program. This program shall include an overview of the components of the emergency management plan and concepts of the Incident Command System. Education concerning the staff's specific duties and responsibilities shall be conducted upon reporting to their assigned departments or position.</i>
	<i>General overview education of the Emergency Management Plan and the Incident Command System shall be conducted at the time of hire. Department/staff specific education shall be conducted upon reporting to their assignments or position and annually thereafter.</i>

3.12 Exercises, Evaluations and Corrective Actions

3.12.1 The entity evaluates the emergency management plans, procedures, and capabilities through a program of periodic reviews, post-incident reports, performance evaluations and exercises.

3.12.2 Exercises are designed to test individual essential elements, inter-related elements or the entire program.

3.12.3 Procedures are established to ensure that corrective action is taken on any deficiency identified in the evaluation process and to revise the emergency management plan.

JCAHO EC 1.4	
(r.)	<i>The plan establishes: How an annual evaluation of the emergency management plan's objectives, scope, performance, and effectiveness will occur.</i>

JCAHO EC 2.9	
<i>Drills are regularly conducted to test emergency preparedness.</i>	
<p><i>The emergency management plan is executed twice a year, either in response to an emergency or in planned drills. Organizations that offer emergency services or are designated as disaster receiving stations perform at least one drill yearly that includes an influx of volunteer or simulated patients. Drills are conducted at least four months apart and no more than eight months apart.</i></p> <p><i>Note:</i></p> <ol style="list-style-type: none"> <i>1. Drills that involve packages of information that simulate patients, their family and visitors are acceptable.</i> <i>2. Tabletop exercises, though useful in planning or training, are not acceptable substitutes for a drill.</i> <i>3. Staff in each free-standing building classified as a business occupancy as defined by the Life Safety Code that do not offer emergency services nor are designated as disaster receiving stations need only participate in one emergency preparedness drill annually. Staff in areas of the building that the organization occupies must participate in such drills.</i> 	

NFPA 99/11	
11-5.3.9	<i>Drills. Each organizational entity shall implement one or more specific responses of the emergency management plan at least semi-annually. At least one semi-annual drill shall rehearse mass casualty response for health care facility with emergency services, disaster receiving stations, or both.</i>

3.13 Public Education and Information

- 3.13.1 The entity develops procedures to disseminate and respond to requests for pre-disaster, disaster, and post-disaster information, including procedures to provide information to the media and deal with their inquiries.
- 3.13.2 Where the public is potentially impacted by a hazard, a public education program is implemented.

JCAHO EC 1.4	
(h.)	<i>The plan includes processes for, managing the following during emergencies and disasters:</i>
	<ul style="list-style-type: none"> <i>Managing the Interaction with the news media;</i>

NFPA 99/11	
11-5.3.7	<i>Public Affairs.</i>
7.1	<i>Health care facilities shall have designated media spokesperson to facilitate news releases.</i>
<i>continued</i>	

<p>7.2 <i>An area shall be designated where media representatives can be assembled, where they will not interfere with the operations of the health care facility.</i></p>
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3.14 Finance and Administration.

- 3.14.1 The entity develops financial and administrative procedures to support the emergency management program before, during, and after an emergency or disaster.